

Membership Form



NHS

**Greater Manchester
Mental Health**
NHS Foundation Trust

Improving Lives

Personal Information

(This will only be used to contact you NHS Foundation Trust equivalent issues; and will be stored and processed in accordance with the Data Protection Act 1998).

Please complete the form in **PRINT CAPITALS**.

Surname:..... First name:.....

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other ☐

Current address:.....

Post Code:.....

Home phone number:..... Date of birth:.....

Mobile phone number:.....

Email:.....

Do you have an alternative (permanent) address which we should use for membership correspondence?

Address:.....

Post Code:.....

Please tell us what your ethnic group is? (Please tick one box only)

- | | | |
|--|--|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Indian | <input type="checkbox"/> Turkish / Cypriot |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Mixed Other | <input type="checkbox"/> White British |
| <input type="checkbox"/> Asian Other | <input type="checkbox"/> White/Asian | <input type="checkbox"/> White European |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White/Black/Asian | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Black British | <input type="checkbox"/> White/Black/Caribbean | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> Other Ethnicity | <input type="checkbox"/> White Welsh |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Does not want to answer |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Somali | |

Gender

Female ☐

Male ☐

Do you consider yourself to have a disability? Yes ☐ No ☐

N.B. Disability Discrimination Act 1995 – under the terms of the Act a disability is defined as a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities.

What method of communication can we use to contact you?

Email ☐ Post ☐ Phone ☐

Which constituency would you like to join?

Service user or carer ☐ Public ☐

Are you a service user or carer? Service user ☐ Carer ☐

Please note that you need to have used or have been a carer for someone who has used the services provided by the Trust within the last three years to join the service user and carer constituency. If this is not the case you would be welcomed in the public constituency.

Are you interested in being involved in the following ways?

(Please tick one box only)

Level 1 - Informed: You will be made aware of new developments and information regarding Greater Manchester Mental Health, be able to participate in the elections of members to the Council of Governors and be invited to attend the Annual Members Meeting. ☐

Level 2 - Informed: In addition to level 1, you will be invited to participate in a number of activities such as surveys, focus groups and special interest events. ☐

Level 3 - Active: In addition to levels 1 and 2 this level is aimed at members who express an interest in becoming a member of the Council of Governors or want to work actively with the organisation in another way (including helping in service development meetings and increasing your knowledge and skills in specific areas of interest). ☐

You can change your membership level at any time by contacting the membership office.

Please register me as a member. I am over 14 years of age and I understand that if I submit false or misleading information it will lead to my membership being reviewed.

Signature:.....

Date:.....

Freepost RRRX-LGZK-YRBJ

Greater Manchester Mental Health NHS Foundation Trust, The Curve, Bury New Road, Prestwich, M25 3BL